



Mail completed form to:

**Overnight Mail**

Value Line Funds, c/o BFDS  
330 W 9th Street, 1st Floor  
Kansas City, MO 64105

**Standard Mail**

Value Line Funds, c/o BFDS  
P.O. Box 219729  
Kansas City, MO 64121-9729

**Questions?**

Please call us at 800.243.2729

Please type or print clearly. Blue or black ink only.

**1 Customer Information**

**New Account:**   
Fund Name

**Existing Account:**   
Fund Name/Account Number

First Name Middle Initial Last Name

Social Security Number/Taxpayer ID Number

Name if Joint Tenants with Rights of Survivorship (JTWROS)

Street Address Apartment or Suite

City State Zip Code

**2 Beneficiary Designation**

**Beneficiary #1**

First Name Middle Initial Last Name

Social Security Number/Taxpayer ID Number

Street Address Apartment or Suite

Primary Beneficiary  Contingent Beneficiary  
City State Zip Code

**Beneficiary #2**

First Name Middle Initial Last Name

Social Security Number/Taxpayer ID Number

Street Address Apartment or Suite

Primary Beneficiary  Contingent Beneficiary  
City State Zip Code



**2 Beneficiary Designation** *Con't*

**Beneficiary #3**

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Initial	Last Name
<input type="text"/>		
Social Security Number/Taxpayer ID Number		
<input type="text"/>		<input type="text"/>
Street Address		Apartment or Suite
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
		<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary

**Beneficiary #4**

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Initial	Last Name
<input type="text"/>		
Social Security Number/Taxpayer ID Number		
<input type="text"/>		<input type="text"/>
Street Address		Apartment or Suite
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
		<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary

**3 Signature(s) and Backup Withholding Certificate** *All shareholders must sign*

I certify that I am of legal age and have received and read the Fund's current prospectus. I understand the terms and conditions for Transfer of Death registration. Under penalty of perjury, I certify that (1) the number shown on this request is my correct taxpayer identification number or I am waiting for a number to be issued to me and (2) I am not subject to backup withholding because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding. You must cross out item (2) above if you have been notified by the IRS that you are subject to backup withholding because of under-reporting interest or dividends on your tax return and you have not been notified by the IRS that you are no longer subject to backup withholding.

<input type="text"/>	<input type="text"/>
Signature of Shareholder	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Signature of Joint Shareholder, if any	Date (mm/dd/yyyy)

**4 Signature Validation Program (SVP) Stamp Guarantee or Medallion Signature Guarantee**

NOTE: A medallion signature guarantee or SVP stamp may be obtained from a domestic bank or trust company, broker, dealer, clearing agency, savings association, or other financial institution which participates in a Medallion program recognized by the Securities Transfer Association.

Affix Stamp Here